## UNITY STATES PATENT & TRADEMAP OFFICE Washington, D.C. 20231

REQUEST FOR PATENT F	EE REFUND								
4 Data - C D	rial/Paten		10						
2 56			· / ^						
3 Please refund the following fee(s):	4 PAPER NUMBER		6 AMOUNT						
X Filing			\$ 64						
Amendment			\$						
Extension of Time			\$						
Notice of Appeal/Appeal			\$						
Petition			\$						
Issue			\$						
Cert of Correction/Terminal Disc.			\$						
Maintenance			\$						
Assignment			\$						
Other	1		\$						
3	7 TOTAL OF RE		\$ 66						
	8 TO BE REFUNDED BY:								
10 REASON:	<del></del>	Treasury Ch							
X Overpayment	Credit Deposit A/C #:								
Duplicate Payment 9 1 2 7 (/ 7									
No Fee Due (Explanation):									
		<del></del>							
1 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: Paul Standack TITLE: Legal Examples									
SIGNATURE: fact the fock		•							
OFFICE:  PHONE: 10-1172									
THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED: Thatie & the Com DATE: 1.21.95									
	_								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B

Application or Docket Numb r

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

480472

								10017			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THA	
FOI	3	NUME	ER FILED	NUM	NUMBER EXTRA		E	FEE		RATE	FE
BAS	IC FEE							365.00	OR		730
TOTAL CLAIMS 23			23 minu	us 20 = * 3	x\$1	1=		OR	x\$22=	66	
INDEPENDENT CLAIMS ( mi				us 3 = * 3	x38	S=		OR	x76=	22	
MULTIPLE DEPENDENT CLAIM PRESENT						+12	)=		OR	+240=	- 00
* If the difference in column 1 is less than zero, enter "0" in column 2							AL	_	OR	TOTAL	10.
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ALL	ENTITY	OR	OTHE SMALL	R THA
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R PRESENT SLY EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADI TION FE
N N	Total	*	Minus	**	=	x\$11	=		OR	x\$22=	
ME	Independent	*	Minus	***	=	x38	=		OR	x76=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+120	)=		OR	+240=	
		(Column 1)	•	(Column 2	2) (Column 3)	TO' ADDIT. F			OR	TOTAL ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	T PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADI TIOI FE
ENDMENT	Total	*	Minus	**	=	x\$11	=		OR	x\$22=	
AME	Independent	*	Minus	***	=	x38	=		OR	x76=	
	FIRST PRES	SENTATION OF	MULTIPLE	DEPENDEN	T CLAIM	+120	=		OR	+240=	
(Column 1) (Column 2) (Column 3)									OR	TOTAL ADDIT. FEE	
ENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBEF PREVIOUS PAID FOI	PRESENT EXTRA	RATI	=	ADDI- TIONAL FEE		RATE	ADI TION FE
ֻ בְּ	Total	*	Minus	**	=	x\$11	=		OR	x\$22=	
AMENDMENT	Independent	*	Minus	***	=	x38:	=		OR	x76=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						=		OR	+240=	
** If ti	ne "Highest Nun ne Highest Num	ber Previousty Paid	d For" IN THIS I For" IN THIS	SPACE is less SPACE is less	Aban 00 antes 800 8	TO1 ADDIT. F und in the ap	EE L	iate box in co		TOTAL ADDIT. FEE	

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS A				S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY			OTHER	
TOTAL CLAIMS			Column	1 1)	(Coit	Jmn 2)	۱ ا	TYPE [		OR <b>7</b> 1		
F(	OR		NUMBER	2 EII FD	NUM	BER EXTRA	}	RATE BASIC FEE	FEE 370.00	1_1	RATE BASIC FEE	FEE 740.00
┡	OTAL CHARGE	ARI F CLAIMS	<del> </del>		4	JER CALLY.			3/0.00	1		740.00
┝	DEPENDENT C			inus 20=	*			X\$ 9=	<u> </u>	OR	X\$18=	
		NDENT CLAIM P		ninus 3 =				X42=	<u> </u>	OR	X84=	
<u> </u>								+140=		OR	+280=	
* IT		e in column 1 is				column 2	•	TOTAL		OR	TOTAL	
	C	CLAIMS AS A	AMENDEL								OTHER	
_		(Column 1)		(Colun		(Column 3)		SMALL	· · · · · · · · · · · · · · · · · · ·	OR	SMALLE	
MENTA		REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIROTT	INTACION OF	JLIIFEE DE.	ZEINDLIA.	CLAIN		<sup>!</sup> [	+140=		OR	+280=	
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	-	(Column 1)	···	(Colum		(Column 3)	· .	(DDII		1 .	10011 <u></u>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT O		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus	***		=		X42=		OR	X84=	
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM		·			ľ		
* If	the entry in colur	mn 1 is less than the	ne entry in colu	ımn 2, write	"0" in co	lumn 3.	L	+140=		OR	+280= TOTAL	
**  f *** 1	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											